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| FACSIMILE TRANSMITTAL FORM | Application Number | 09/918262 |
| | Filing Date | July 30, 2001 |
| | First Named Inventor | Randall, Stephen M. |
| | Art Unit | 2875 |
| | Examiner Name | Jacob Y. Choi |
| Fax: 571-273-0025 | Attorney Docket Number | 56893US002 |
| Total Number of Pages in This Submission: 10 | | |
| Date: May 27, 2005 | Attorney for Applicant: Stephen W. Buckingham | |

| ENCLOSURES (check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal | <input checked="" type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | FAX RECEIVED MAY 27 2005 OFFICE OF PETITIONS |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EOUS) | <input type="checkbox"/> Request for Refund <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal | |
| <input type="checkbox"/> Drawings | <input type="checkbox"/> After Allowance Communication to Technology Center | |
| REMARKS: Thank you. | | |

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